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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/699,582 10/31/2003 Meir Stem 85189-5300 1887 TITLE OF INVENTION: TRANSDERMAL DELIVERY SYSTEM FOR DRIED PARTICULATE OR LYOPHILIZED MEDICATIONS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0		\$1020	02/08/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
TSAY, MARSHA M		1656	424-447000				
Address form PTO/SE  "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set forti	ondence address (or Cha 3/122) attached. ication (or "Fee Address' 2 or more recent) attach  ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp	nge of Correspondence  "Indication form led. Use of a Customer  A TO BE PRINTED ON Titled below, no assignee	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  that a will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.				
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TransPharma Medical Ltd. Yehud, Israel							
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🗷 C	orporati	on or other private grou	up entity Government
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